



#14

DOCKET NO. SPC-5008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Peter Forsell Confirmation No.: 1846  
Serial No.: 09/753,656 Art Unit: 3736  
Filed : 01/04/2001 Examiner: D. McCrosky

For : CONTROLLED FOOD FLOW IN A PATIENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TERMINAL DISCLAIMER

Dear Sir:

Your Petitioner, Ethicon Endo-Surgery, Inc., a corporation of the State of Ohio, having a registered office at 4545 Creek Road, in the city of Cincinnati, represents that it is the Assignee of the entire right, title and interest in and to the subject matter disclosed in the above-captioned patent application as evidenced by the documents sent for recording in the United States Patent and Trademark Office.

Your Petitioner, Ethicon Endo-Surgery, Inc hereby disclaims, under the provisions of 35 USC 253 and 37 CFR 1.321 and 3.73, the terminal part of any patent granted on application Serial No. 09/753,656 which would extend beyond the expiration date of the first to expire of the following United States Patents and United States Patent Application: 6,475,136; 6,450,946; 6,450,173; copending Application No. 10/253,608; 6,454,699; 6,454,700; 6,461,293; 6,463,935.

Your Petitioner hereby agrees that any patent so granted on the above-captioned patent application shall be enforceable only for and during such period that the legal title of said patent shall be the same as the legal title to first to expire of the following United States Patents and United States Patent Application: 6,475,136; 6,450,946; 6,450,173; copending Application No. 10/253,608; 6,454,699; 6,454,700; 6,461,293; 6,463,935. This agreement to run with any patent

04/28/2004 AWONDAF1 00000130 100750 09753656  
03 FC:1814 110.00 DA

09/10/2004 DILES 00000001 100750 09753656

Serial Ref: 00000001 DA# 100750 09753656

01 FC:1814 110.00 DA

granted on the above-captioned patent application and will be binding upon the grantee, its successors or assigns.

Please charge Deposit Account No. 10-0750/SPC-5008/DLG the sum of \$110.00 in the name of Johnson & Johnson for the cost of filing this Petition. One original and two copies of this Petition are enclosed.

Signed at Ethicon Endo-Surgery, 4545 Creek Rd. in Cincinnati, Ohio this 23<sup>rd</sup> day of April, 2004.

Respectfully submitted,



---

Dean L. Garner, Esq.

Reg. No.: 35,877

Attorney for Applicant(s)

JOHNSON & JOHNSON  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933  
Tel. No.: (513) 337- 8559  
Date: April 23, 2004

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>5/7/04</u>		2 Serial/Patent # <u>097531050</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td style="text-align: center;">✓</td><td>Cert of Correction/Terminal Disc.</td><td>#14</td><td>4/27/04</td><td>\$ 110.00</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$	✓	Cert of Correction/Terminal Disc.	#14	4/27/04	\$ 110.00		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$ 110.00			
	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																		
	Amendment			\$																																																		
	Extension of Time			\$																																																		
	Notice of Appeal/Appeal			\$																																																		
	Petition			\$																																																		
	Issue			\$																																																		
✓	Cert of Correction/Terminal Disc.	#14	4/27/04	\$ 110.00																																																		
	Maintenance			\$																																																		
	Assignment			\$																																																		
	Other			\$																																																		
10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;">✓</td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment	✓	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Treasury Check</td></tr> <tr><td style="text-align: center;">✓</td><td>Credit Deposit A/C #:</td></tr> <tr><td style="text-align: center;">9</td><td>10--0750</td></tr> </table>				Treasury Check	✓	Credit Deposit A/C #:	9	10--0750																																						
	Overpayment																																																					
	Duplicate Payment																																																					
✓	No Fee Due (Explanation):																																																					
	Treasury Check																																																					
✓	Credit Deposit A/C #:																																																					
9	10--0750																																																					
<div style="font-size: 1.2em; margin-top: 10px;">TD not required - no fee due.</div>																																																						
11 REFUND REQUESTED BY: <table style="width:100%; margin-top: 5px;"> <tr> <td style="width: 50%;">               TYPED/PRINTED NAME: <u>Liana Chase</u>                SIGNATURE: <u>[Signature]</u>                OFFICE: <u>Petitions</u> </td> <td style="width: 50%;">               TITLE: <u>Paralegal</u>                PHONE: <u>306-0482</u> </td> </tr> </table>					TYPED/PRINTED NAME: <u>Liana Chase</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>Petitions</u>	TITLE: <u>Paralegal</u> PHONE: <u>306-0482</u>																																																
TYPED/PRINTED NAME: <u>Liana Chase</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>Petitions</u>	TITLE: <u>Paralegal</u> PHONE: <u>306-0482</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>5/10/04</u>																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: